

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006530

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 669

STATE FILE NUMBER

VS.300
Rev. 4/59

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DATE AMENDED
4/10/63
4/10/63
4/10/63

INSTEAD OF

ITEM NO. SHOULD READ
23ab Burial-2/23/63
23c Lincoln
23d Kansas City, Missouri

DOCUMENT

BY AFFIDAVIT of funeral director
Frank Ellis

MEDICAL CERTIFICATION

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY - Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 25 yrs. | c. CITY OR TOWN Kansas City |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1908 East 13th |
| 3. NAME OF DECEASED (Type or print) First Middle Last Leslie Flagg | | 4. DATE OF DEATH Month Day Year January 30, 1963 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 80 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Old Jobs | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 80 |
| 11. BIRTHPLACE (City and state or country) Texas | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | |
| 14. NAME OF HUSBAND OR WIFE Pearl Flagg | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Sallie Jamerson (niece) 3607 Topping | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive pulmonary embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 1-25-63 to 1-30-63 and last saw her alive on 1-30-63 Death occurred at 8:20 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Signature) | | 22b. ADDRESS 2400 Cherry | |
| 22c. DATE SIGNED 2-1-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 2-23-63 | | 23c. NAME OF CEMETERY OR CREMATORY Lincoln | |
| 23d. LOCATION (City, town, or county) Kansas City, Missouri | | 24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton | |
| 25. DATE RECD. BY LOCAL REG. 2-1-63 | | 26. REGISTRAR'S SIGNATURE (Signature) | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.